

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002044

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 454

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

KANSAS CITY

Length of stay in 1b

39 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL  
INSTITUTION

4900 COLORADO

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

JACKSON

c. CITY

OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

4900 COLORADO

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

VICTOR

Middle

EARL

Last

STOLL

## 4. DATE OF DEATH

Month

JAN.

Day

24

Year

1962

## 5. SEX

MALE

6. COLOR OR RACE

White

## 7. Married

Never Married ☐Widowed ☐

## 8. DATE OF BIRTH

8-10-1893

## 9. AGE (last birthday)

68

## IF UNDER 1 YEAR

Months

## IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
as the most of working life, if any)

STATIONERY ENGINEER

## 10b. KIND OF BUSINESS OR INDUSTRY

SAFEWAY STORES INC

## 11. BIRTHPLACE (City and state or country)

TOPEKA KANSAS

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

FRANK STOLL

## 13b. MOTHER'S MAIDEN NAME

CLARA RIDINGER

## 14. NAME OF HUSBAND OR WIFE

VERA I. STOLL

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Victor E. Stoll Jr.

## Address

6832 Laurel

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Carcinoma of lung

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Liver Metastasis from above

## DUE TO (c)

INTERVAL BETWEEN  
ONSET AND DEATH

5 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from February 1961 to Jan 23, 1962 and last saw her alive on Jan 6, 1962

Death occurred at 25 Jan - 62 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Fred H. Lundgren Jr. M.D.

## 22b. ADDRESS

315 Nichols Road

## 22c. DATE SIGNED

26 Jan '62

23a. BURIAL, CREMATION  
REMOVAL (Specify)

BURIAL

## 23b. DATE

1-26-62

## 23c. NAME OF CEMETERY OR CREMATORY

BROOKING CEM.

## 23d. LOCATION (City, town, or county)

RAYTOWN

## (State)

Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

HINTON FUNERAL HOME RAYTOWN, Mo.

## 25. DATE RECD. BY LOCAL REG.

1-25-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Fred H. Lundgren Jr. M.D.

DOCUMENT

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

JK3-1750

new 1-8833

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Forest D. Caldwell

Licensed Embalmer No. 4714

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.